Approved for use through 7/31/2008, 014-033

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Under the Peperwork Reduction Act of 1895, no persons are required to respond to a conceilon of information unders it disprise a valid OME gonted comber. Substitute for Form PTO-875 On Doctor 652390 CLAIMS AS FILED - PART I (Cotumn I) OTHER THAN (Cotumn 2) SMALL ENTITY OR SMALL ENTITY FOR MUMBER FILED NUMBER EXTRA BASIC FEE RATE 07 CFR 1.16(a)) RATE FEE TOTAL CLAMS 07 OFR 1.16(4) OR crainus 20 e DICEPENDENT CLAMS OR PT CFR 1.18(b)) minus 3 a OR MULTIPLE DEPENDENT CLAM PRESENT (07 CFR 1,10(4) OR " If the difference in column 1 is less than zero, enler "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Cohema 1) (Cotumn 2) OTHER THAN SMALL ENTITY (Column 3) SMALL ENTITY OR CLAIMS REMAINING HIGHEST NUMBER PRESENT AFTER ADDI-TIDNAL FEE PREVIOUSLY PAID FOR EXTRA RATE MENDMENT ADDI-Colors Creek d FEE OR OR * 4 DI OFR LIKE +: OR **4** s TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Cot (Cotumn 3) CLADAS HIGHEST MUMBER PREVIOUSLY 8 REMAINING PRESENT RATE AFTER ADDI-TIONAL EXTRA RATE ADDI-TIDNAL PAID FOR Total CF CFR 1.14 AMENDA FEE FEE മ • FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 OFR 1.1444) OR OR TOTAL ΤΟΊλ ADD'L FEE OR ADO'T FEE (Calumn 2) (Cotume 3) CLADAS REMAINING O HICHEST NUMBER PRESENT EXTRA 员 ADDI-TIONAL AFTER RATE PREVIOUSLY PAID FOR RATE ADDI TIONAL FEE/ MENDMENT FEE OF OF A LIME * •

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FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAM (3) CFR 1,16(4)

If the bristy in outsern 1 is less than the errity in outsern 1, write "O' in outsern 1.

If the "Highest Number Previously Paid For" BITHIS SPACE is less than 20, enter "O'.

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The "Highest Number Previously Paid For" BITHIS SPACE is less than 20, enter "O'.

The outselfon of information is required by 37 CFR 1.16. This information is tequired by obtain a stand or retain a benefit by the public which is to the jame by the including galbering, preparing, and submitting the completed application form to the USPTO. There will very departing upon the individual case. Any comments on it is admired to time you require to complete this town and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

OR

OR

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